

# GROUP LOG

**DRAFT: SAMPLE ONLY**

Date of Service:  
11/12/2008

Service Type:  
Facility Habilitation Group

Provider Name:  
XYZ Agency

Group Name:  
Optional

Hours of Operation:

8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM
9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM

Print staff and consumer's first and last names on this sheet. Example: Jane Smith or Joe Brown. No initials.

Staff Name:

Group Support:

Total Hours:

Staff A	1	1	1	1	1	1	1	1	1	7
Staff B					1			1	1	3

Total Staff/Shift:

1	1	1	1	1	1	1	1	1	1	10
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Consumer Name:

Group Participation:

Consumer 1	1	1	1	1	1	1	1	1	1	1
Consumer 2		1	1	1	1	1	1	1	1	1
Consumer 3	1	1	1	1	1	1	1	1	1	
Consumer 4	1	1	1	1	1	1	1	1	1	
Consumer 5										
Consumer 6				1		1	1	1		
Consumer 7						1	1	1		
Consumer 8						1	1	1		
Consumer 9						1	1	1		
Consumer 10										
Consumer 11										
Consumer 12										
Consumer 13										
Consumer 14										
Consumer 15										
Consumer 16										

Total:

Total Consumers/Shift:	3	4	4	5	4	8	8	8	4	2	50
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Billing Ratios:

2:1

4:1

6:1

8:1

										2
3	4	4		4					4	
			5							
					8	8	8			